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Its Causation, Treatment and the
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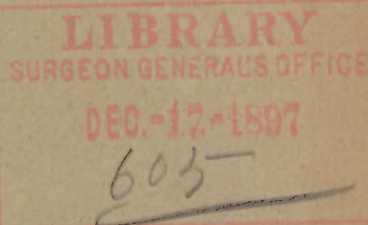
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THE MORPHINE HABIT, ITS CAUSATION, TREATMENT, AND THE POSSI- BILITY OF ITS CURE.

SUPPLEMENTAL REPORT TO THE COMMITTEE ON DISEASES OF THE MIND
AND NERVOUS SYSTEM.

By J. W. ROBERTSON, M. D., Livermore.

[Read before the Medical Society of the State of California, April, 1897.]

The undue use of morphine, either to relieve pain or for the purpose of re-establishing normal tone to the nervous system, has become so common, and its abuse is so closely connected with the same predisposing causes that underlie all neuroses, that an inquiry into its symptomatology and treatment seems pertinent. Even of more interest is the study of its causation, and the establishment of the fact that, in the great majority of cases, it is as much a result of the nervous heredity as is neurasthenia, insanity, epilepsy or dipsomania. By this is meant that morphinomania belongs to the group of functional neuroses which has as a basis the nervous diathesis; and that when a person possessing this constitution, even for a few times experiences the pleasing exhilaration that opium brings, he not only becomes addicted to the drug, but to such an extent its slave, that he will sacrifice all in life that should restrain and stand between him and his appetite; and will barter honor, truth, and all social considerations for the relief of the craving so soon established. As a rule the morphinomaniac receives but little sympathy, and, while the world readily excuses those patients who become addicted to the habit because of pain, it harshly judges the equally unfortunate who have, as an excuse, hereditary compulsion.

Opium, either in its crude state or refined, together with its alkaloid morphine, is of all drugs the one most frequently selected for the purposes of intoxication. Taken either as an extract or alkaloid, smoked, eaten, or injected, its evil influences over both body and mind is soon established.

Opium smoking, so prevalent in China, is to some extent

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practiced in California, for every Chinatown in the State is a focus from which the infection spreads. As a rule, however, it is only the vicious and criminal who resort to these dens, and even this class soon discard the filthy and nauseous surroundings for the more seductive and less expensive needle. Opiophagia, or the eating of opium, while chiefly practiced in the oriental countries, was, until recently, a most common vice in both Great Britain and the United States. Of all forms it is the easiest to conceal, and can be practiced for a certain time without detection, even by the immediate family. Its effects do not seem so disastrous as do the other forms, and some observers claim increased powers of resistance and endurance from its moderate use.

The invention of the hypodermic needle and the discovery of cocaine have added greatly to the dangers of morphine. It is possible either to smoke or eat opium for a lifetime, and still not absolutely unfit a man for social life, but the hypodermic use of morphine, connected as it usually is with cocaine, soon brings physical and mental disaster, and in a little while he becomes a burden either on his family or the public charities.

While the invariable excuse for the use of morphine is that it was originally taken on a physician's prescription, and for the relief of pain or some other illness that called for opium, yet, even after the cause is removed, the patient cannot relinquish the drug. Many authorities assert the causative influence of pain, and, while it certainly may act as an exciting cause, yet, behind all this is the question of heredity and the presence of a nervous diathesis. A normal individual, when freed from physical suffering, is often enabled to throw aside the drug, but in the neurotic this is not the case, and when the real pain is relieved a thousand hysterical ones spring up and demand the continuance of the drug.

The part that heredity plays in all functional diseases or states of the nervous system is not to be misunderstood. It is safe to assert that no idiopathic case of insanity, chorea, hysteria, megrim, dipsomania, or moral insanity can occur, except by reason of inherited predisposition; and the same family type may assume any of these psychoses; but which particular one will develop we cannot predict. It is not contended that morphinism is a physical disease, such as epilepsy, for instance;

but it is asserted that it has its origin in the same stalk, and while one develops naturally the other is most easily grafted. Take for instance a neurotic family: Its founders may be two individuals, neither of whom possesses a markedly nervous temperament, but both have similar nervous tendencies, and their conjoined effect is such that their children are typical neurotics. Or, suppose the mother to be tubercular and the father an alcoholic, we have a resulting family, each individual member of which in time develops a neurosis. One child may be an idiot, and all the rest unduly precocious. Probably some of these children die early of tubercular complications, for precocity is but another name for scrofula. In youth, one may develop epilepsy, another chorea, a third megrim, while of those who escape the neuroses of development, many later break down when tried in the crucible of human endeavor and competition, and fall by the wayside, either as hysterics or neurasthenics, or possibly they manifest the more active types of insanity. Very many of us escape all pitfalls and go through life possibly eminently successful, the nervous temperament even adding to our peculiar fitness for specialized work. It is from those possessing this highly developed nervous system that the genius and man of strong character springs, as well as the crank, and that other and more confirmed class, the monomaniac and moral idiot. Why one fails when others succeed, is often due to some blot on the brain, some mental defect that clogs the machinery and unfits the sufferer from association with his fellow beings, simply because of some slight but inexcusable moral weakness.

“He rode a horse with wings that would have flown,
But that his heavy rider kept him down.”

To the alienist these all equally bear the marks of the neurotic stigmata. Too great concentration of energies and disposition in any one direction may result in an abnormal mentality, yet it is to those possessing this nervous force and energy that we owe much of the world's progress. It has been well said that it is the crank that turns the world. It is not claimed that the possession of this temperament leads necessarily to the use of morphine, but it is certain that it strongly inclines to the easy assumption of the habit; and that, when morphine's charms are once experienced, it is far more difficult

to cure them, for they possess a hundred morbid ideas, desires and neurotic longings that the normal man cannot realize, and which only alcohol or opium will satisfy. They take it, not because of pleasant dreams or toxic oblivion, but simply for the purpose of controlling or ballasting their unstable nervous organization; neither asking forbidden pleasures nor undue exhilaration, only demanding that rest and peace which is the heritage of the normal man.

The symptoms characterizing the morphine habit all refer to an unstable nervous state, either of the body or mind. The bodily symptoms are emaciation, weakness, ataxia, and paresis of the sphincters, which Levinstein and other writers have included under the name of morphinism in contradistinction to morphinomania, under which term they include loss of will-power, moral degradation, imbecility, and other mental perversions. For the first few months its use apparently gives mental strength and bodily vigor. The victim is exhilarated, moves with alacrity, and life is full of zest hitherto unknown. Neurotic longings and physical infirmities are forgotten, and for the first time, possibly, the patient experiences the sensation of being normal. He is certain of his own mastery, and the honeymoon following the first knowledge of the drug is bliss unspeakable; not that visions such as De Quincy has familiarized us with are of usual occurrence, or that delusions and hallucinations are generally present. These may come with overdoses of the drug, but, at least in the early stages, are temporary. The patient, probably beginning with one-quarter grain used occasionally, soon adopts it as a daily habit, and rapidly increases it to four or five grains. Later, finding that excessive doses are necessary to produce the old-time effect, he becomes alarmed and attempts to stop the drug. He reduces the morphine and possibly resorts to alcohol as a stimulant, but the fight is a losing one, and while he may temporarily reduce the amount, he cannot throw aside the habit. Finally, thoroughly frightened, he seeks relief; probably takes some advertised cure and stoutly asserts his freedom, yet secretly indulges to a greater and greater extent, and, despairing of any relief that morphine can bring, gradually adds cocaine. When this stage is reached all hope of unaided recovery goes. The patient grows more infirm, more debased physically and mor-

ally, until he becomes a pariah amongst his fellow men. The desire to reform is a real one, and they are willing to sacrifice everything they hold dear in life — except morphine — could they only recover.

When fully under the power of morphine and the first pleasurable sensations have disappeared, the bowels become constipated, relieved by occasional diarrhoea; the appetite diminishes and the body emaciates. Frequently there is paresis of the sphincters, both rectal and vesical, and the heart becomes irritable with a frequent and compressible pulse. Venereal desire, at first increased by the drug, gradually lessen until mental masturbation takes the place of virile power. The skin is sallow, the eyes sunken, the face emaciated and expressionless, giving the well-known *morphine facies* which, with an ataxic gait constitute the main symptoms of morphinism. The morphinomaniac symptoms are equally well-marked. Its early effects are an increase of the mental power and ability to carry out life's routine, but as soon as the habit becomes firmly established, and the patient after a few half-hearted attempts at abstinence, finds his only course one of concealment with drug increase, he loses all interest in his work and his former pleasures, and concentrates his whole energy on supplying himself with the opiate. He neglects business, no longer cares for social life, consorts with those similarly afflicted, and sinks into hopeless physical and mental decadence.

The effect of morphine upon the mind, whether for the relief of pain or because of natural inclination, is destructive; and no one can become its victim without lowering of moral tone and loss of will-power. They may theorize as well as ever, but let a few hours elapse without their accustomed stimulant, and their unquiet nerves and uncontrollable longings cause them to jeopardize their souls for the drug, and there is no commandment in the decalogue they would not break to gain mental ease. No matter how honorable, upright and conscientious a man's past life may have been, let him become thoroughly addicted to morphine and I would not believe any statement that he might make, either with reference to the use of the drug or on any subject that concerned his habit. This extends further and clouds his moral perceptions in all relations of life. Authorities even go further than this and claim

imbecility with organic brain changes. While I cannot claim to speak authoritatively, my experience has been large, and my observations do not confirm this statement. I do not deny occasional mental deficiency, yet while at Napa and later when temporarily in charge of the Home of Inebriates, many morphine cases were committed as insane, yet not a single one exhibited either delusion or hallucination, and all were voluntarily committed for the purpose of cure. They showed no mental change on the day of their discharge, and they were all discharged "cured," differing from their condition on admission, yet in the broader sense of the term, they were all insane, morally insane. They could not tell the truth; they were boasters, perhaps not so much in the belief that they would never relapse, as in detailing the amount of drug taken. They ridiculed any possibility of relapse, yet many left these institutions and hardly let the day elapse before they were back in their old haunts.

Briefly summarized, morphine does not produce active insanity. Unlike alcohol, which when long and excessively continued, produces chronic pathological changes, morphine simply destroys the bloom of the mind, obtunds moral sensibility, and only when excessively used produces temporary mental aberration.

The treatment of these cases is a most difficult matter, and my main reason for dwelling on the nervous and mental state is to show the difficulty of properly caring for these patients, while they are allowed the slightest liberty of person or freedom of judgment. There is certainly no royal road to cure, no Soteria or other patent medicine that will in a night charm away desire. The only chance is in the slow and permanent up-building of the body, and the protection of the patient against himself till his will-power can reassert its old mastery.

To stop the drug is the first but not the most difficult step in treatment. Whether the drug be withdrawn abruptly or gradually is a matter of indifference. Our books warn us against the sudden withdrawal because of probable heart failure. My experience does not bear this out. Certainly fifty cases, many of them *in extremis*, were admitted to Napa, and it is fair to presume that when so radical a step was taken their cases were considered desperate. In every instance they presented the

same general appearance: an emaciated body, a haggard face, —pale, drawn and expressionless; eyes lusterless and gait unsteady. They belonged to the dregs of society, and nearly all were graduates of the opium-joints in Chinatown. We could never determine on what just grounds they were committed, as none presented any mental symptoms only moral degradation. The invariable practice was to shut them in a small room after bathing and supplying fresh clothing. This was necessary because they always came with their own clothing lined with morphine powders. Within twenty-four hours they were in a state of frenzy, begging and pleading for relief. Soon they became bed-fast, vomited, and occasionally purged a viscid green bile peculiar to this disease. Nothing, either medicinally or dietetically, was done for their relief. The breakfast consisted of mush with syrup and fat bacon, and their other meals were equally unappetizing. From the sixth to the eighth day they rallied sufficiently to walk around the ward, and in two weeks were usually able to go out and relish their food. Within a month their appetite was voracious. The return to physical health was rapid, and in from six weeks to two months the patient was strong, robust and apparently in full possession of both physical and mental health. They were loud, and possibly honest, in their assertions of reform, but in no single case, with one exception, do I know that the patient did abstain. While death may follow any mode of treatment, our experience demonstrated that sudden withdrawal was not dangerous, even though it seemed heartless.

In private practice the gradual reduction of the opiate is the only procedure possible. The patient will not willingly endure the unnecessary suffering entailed by the sudden withdrawal. It is not a difficult matter to gradually reduce the drug from the daily five to ten grains to three-quarters of a grain within the first week, but it will probably take another week to reduce to one-quarter of a grain, and another week still to altogether stop the drug. It is not well to let the patient know when the drug is withdrawn as the mental influence is strong, and the mind as well as the body demands treatment. Fortunately, we have remedies that greatly assist us in strengthening the nervous system that it can successfully stand the shock of withdrawal. Strychnia, hypodermically, and the red extract

of cinchona, internally, are excellent stimulants, and while they are not as beneficial as they are in alcoholism, yet they powerfully assist. In the lighter cases, especially where no cocaine has been used, the more serious evidences of shock, vomiting, rapid pulse and physical prostration may be slight; but where excessive and long-continued abuse has wrecked the system they will be pronounced, and will continue more or less during the withdrawal. In fact the rapidity of withdrawal is to be regulated by the severity of these symptoms.

The strychnia solution should be 1 to 200, and of this 10 minims can be used not less than twice, and possibly four or five times in the twenty-four hours. So specific is its action that the system may stand one-half grain without developing physiological symptoms, should the necessity be great. With this, equal parts of red cinchona and fl. ext. cocoa is prescribed, of which one drachm may be taken two to four times daily. But with all this stimulation the system is occasionally rebellious, and the nervous system so unstable that bromide of potash is added. The object in giving it is to overcome the nervous paroxysms, and when it is resorted to, it should be pushed to narcotism. In other words 90 to 120 grains are daily given, and while bromism continues the morphine may be fully and finally withdrawn. Even from the beginning of the treatment the morphine is never given alone, but in connection with strychnia, and the patient must be kept in ignorance of the amount of drug taken, and especially of its final discontinuance. These excessive doses of strychnia and cinchona are to be decreased as rapidly as possible, and by the end of the second week their administration can be reduced to two daily, during the third week to one, and discontinued in the second month; the strychnia to be again resorted to when symptoms demand it. The diet to be prescribed is, at least for the first two weeks, milk, to which as the appetite returns, scraped steak is added, and later a generous diet. By the end of six weeks the appetite is enormous and the body responds quickly. By the end of the second month the patient presents every evidence of health, and it is now that the difficult portion of the treatment begins. Before this a special nurse has been necessary and the patient has welcomed his companionship, but with returning strength he resents surveillance, insists that his moral

strength equals his physical, and too often persuades his friends that he is perfectly cured; but such is not the case. Whether he stays under supervision or goes home the result is the same. By the end of the third month he becomes restless, irritable, and is the prey to all the old-time neurotic longings. He still asserts his freedom from desire, yet, unless carefully watched, will resort to coffee, alcohol, or other stronger stimulants. It may again be necessary to resort to strychnia and bromide, although not necessary to produce bromism. Until several such attacks have been successfully combated, the patient remains in danger of backsliding. At my sanitarium, six months is the shortest time I will receive such a case, and the limit may be prolonged to twelve months. A shorter time invariably results in relapses, discouragement, and a return to hopeless slavery. For this reason the great majority never recover; but where sufficient time has been successfully expended and the neurotic taint is not too strong, re-establishment of the will power may proceed to such an extent as to overcome the lessening nervous outbreaks. Where there is no hereditary taint and the disease for which the morphine was originally prescribed can be cured, the prognosis is as hopeful as in cases of non-hereditary alcoholism; but the treatment, even in milder cases, must be of at least six months duration. To discharge a patient at the end of the second month because his physical system is restored, is a waste of time and effort, and can only succeed in very exceptional cases. When the disease has affected the mind to such an extent that organic weakness is present, no treatment can benefit. Time and protection of the patient against temptation till he is restored mentally, as well as physically, is the only rational method of treatment.

